A STUDY TO ASSESS THE EFFECTIVENESS OF MOTIVATIONAL PACKAGE FOR REDUCTION OF ALCOHOL DEPENDENCY AMONG ALCOHOL DEPENDENT CLIENTS IN SELECTED AREA IN KANYAKUMARI DISTRICT

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

OCTOBER - 2015

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BONAFIDE CERTIFICATE

This is the bonafide work of **Miss.B.V.Femil Jane,** M.Sc. (Nursing) II year student from Nehru Nursing College, Vallioor, submitted in partial fulfillment for the Degree of Master of Science in Nursing under the Tamilnadu Dr. M.G.R Medical University, Chennai.

Date**:** **Dr. Margaret Ranjitham, M.Sc. N., Ph.D.**

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CERTIFICATE BY THE GUIDE

This is to certify that the dissertation entitled "**A STUDY TO ASSESS THE EFFECTIVENESS OF MOTIVATIONAL PACKAGE FOR REDUCTION OF ALCOHOL DEPENDENCY AMONG ALCOHOL DEPENDENT CLIENTS IN SELECTED AREA IN KANYAKUMARI DISTRICT"** is a bonafide research work done by **Miss.B.V.Femil Jane,** in partial fulfillment for degree of M.Sc. Nursing under the Tamilnadu Dr.M.G.R.Medical University, Chennai.

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DECLARATION

I hereby declare that the present dissertation titled "**A STUDY TO ASSESS THE EFFECTIVENESS OF MOTIVATIONAL PACKAGE FOR REDUCTION OF ALCOHOL DEPENDENCY AMONG ALCOHOL DEPENDENT CLIENTS IN SELECTED AREA IN KANYAKUMARI DISTRICT"** is the outcome of the original research work undertaken and carried out by me, under the guidance of **Mrs. Sarathabai William,** M.Sc.(N), H.O.D of Psychiatric Department Nehru Nursing College, Vallioor.

Place : Vallioor **Miss.B.V.Femil Jane.**

Date : **M.Sc (N), II year**

ACKNOWLEDGMENT

I owe my deepest gratitutde to **God Almighty** for His awesome work, Grace, Blessings to complete these study successfully.

I acknowledge my sincere thanks to Chairman **Mr.Kanoji, B.Sc.,** and Deputy Chairman **Mr.Vinoji, B.A.,** of Nehru Nursing College, Vallioor, for providing an opportunity to uplift my professional life.

With immense gratitude, I express my heartfelt thanks to our beloved Principal **Dr.Margaret Ranjitham, M.Sc.,(N) Ph.D.,** Nehru Nursing College, Vallioor for her excellent guidance, expert advice, valuable corrections, suggestions and constant encouragement throughout the period of study.

I wish to express my appreciation to our **Vice Principal Dr.Chandra Sekaran, M.Sc.,(N) Ph.D** Nehru Nursing College for his scholastic support, and valuable ideas to carry out this study successfully.

I would like to express my heartfelt appreciation to my Research Guide **Mrs.Sarathabai William, M.Sc.,(N)** Reader, Mental Health Nursing Department, Nehru Nursing College, for her continuous and constant conveyed spirit of adventure in regard to research and scholarship . Without her guidance and persistent help, this dissertation would not have been possible.

I am thankful to **Dr.Alexon Deva Sagaayam , M.D.** Psychiatrist, Nagercoil for his help and valuable suggestions for conducting this study.

My sincere thanks to **Mrs.Baby Uma,M.Sc.,(N),** Reader, Child Health Nursing Department, Nehru Nursing College. Class co ordinator who motivated me for this study in a successful way.

It is my duty to express my heartiest thanks to **Mrs.Manju, M.sc (N),** Lecturer, Mental Health Nursing Department, Nehru Nursing College, Vallioor for the, constant guidance, encouragement, suggestion to finish my study.

I extend my great thanks to **Dr.Anto, Ph.D (Stat)** for the valuable suggestion and analysis and presentation of data.

My special thanks to **Mr.David Bala Singh** Retired Chief Educational Officer Nagercoil for helping me in transtlating the tools. I wish to convey my gratitude to the experts who validated my tool.

I wish to convey my sincere thanks to the **Zionpuram** Panchayat President **Mr.Joseph Naathan, B.Sc.** for his co operation in granting permission to conduct my study.

I convey my lovely thanks to my father, **Mr.M.Babu Benjamin Ross**, M.A.B.Ed. Retired HM, mother **Mrs.Y.Vimala Latha, MA.,M.Phil.,B.Ed.**, Headmistress, brother **Mr.B.V.Jenil Ross, B.Com.,M.B.A,B.P.Ed.,** for their support throughout the study.

I convey my lovely thanks to my uncle **Mr.S.Mathias Selva Raj, M.Sc, M.Sc., (Psy), M.Ed., M.Phil., P.G.Asst.** The Salvation Army Hr. Sec. School, Nagercoil, for his immense support and prayers.

My affectionate thanks to my classmates for their co-operation and support throughout the study.

Place: Vallioor Investigator

Date:

ABSTRACT

The Research Project "**A study to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district".**It was conducted in partial fulfillment of the requirement for the Degree of Master of science in nursing at Nehru Nursing College which was affiliated to the Tamil Nadu Dr. M.G.R Medical University, Chennai during the year 2014-2015.

Objectives of the study

1. To assess the pre-intervention level of alcohol dependency among the alcohol dependent clients.
2. To assess the post intervention level of alcohol dependency among the alcohol dependent clients.
3. To assess the effectivesness of motivational package among the alcohol dependent clients in reduction of alcohol dependency.
4. To associate the level of alcohol dependency with selected demographic variables and alcohol practice variables.

The framework was Peplau's Interpersonal theory.

The sample size was 30.The sample was selected based on the criteria for sample selection. Purposive sampling technique was used to select the samples. Using a Severity Of Alcohol Dependence Questionaire (SADQ) the level of alcohol dependency was assessed.

The Research design was Quasi experimental research design with one group pretest posttest design The setting of the study was Zionpuram, Kanyakumari district.

The descriptive and inferential statistics were used to analyze the data.

The significant Findings of the study

Regarding age, out of 30 samples, 16 (53.33%) of them were between the age group of 31-40 years. With respect to religion, out of 30 samples, 8 (26.67%) of them were Hindu and 22 (73.33%) of them, were Christian.

With respect to education, out of 30 samples, 16 (53.33%) of them had completed higher secondary level and 9 (30%) of them were graduates.

With respect to income,out of 30 samples, 12 (40%) of them had income up to 5000/- and 11 (36.67%) of them had income between 5001-10,000.

With respect to occupation, out of 30 samples, 15 (50%) of them were doing business and 10 (33.3) were labourers.

With respect to marital status 20 (66.67%) of them were married, 10 (33.33%) were unmarried.

With respect to family system, out of 30 samples 17 (56.67%) were in nuclear family. Regarding family member who takes alcohol, 11 sample subjects (36.67%) father and 8 sample subjects (26.67%) brother were consuming alcohol

14 Sample subjects (46.67%) had reported that their own brother had introduced alcohol to them.

17 sample subjects (56.67%) had reported that the duration of alcohol practice was above 5 years.

22 (73.33%) sample subjects had reported that they started drinking alcohol at the age of 20 and above 20 years.

14 sample subjects (46.675%) had reported that they drink 180ml of alcohol every day.

15 sample subjects (50%) had reported that they started drinking due to Peer pressure .

10 sample subjects (33.33%) had reported that they drink alcohol 2-3 times a week and 8sample subjects (26.67%) of them for 5-7 times in a week .

All the samples had (100%) moderate alcohol dependence and no one had severe and mild dependency

After educational intervention, 17 sample subjects (56.67%) had reported Mild alcohol dependence group and 13 samples remind in the moderate alcohol dependence group it self .

Pre Intervention mean score for alcohol dependence was 24 out of maximum score of 60.In post intervention phase, the mean score of sample subjects had decreased to 15.36 from 24. This indicated that alcohol dependence had decreased after the motivational intervention.

The pre test mean score was 24. The post test mean score was 15.36.The mean difference was high and the obtained t value 14.23 was statistically significant. That is “Motivation package” was effective in reducing alcohol dependence among adult male subjects.

There was no association between the alcohol dependence and selected demographic variables like age, religion, education, family system, income, marital status. There was association between alcohol dependence and occupational status. There was no association between the alcohol dependence and all the selected variables of alcoholism.

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CHAPTER-I

INTRODUCTION

" Well, I woke up in the morning
And bought myself a beer,
The future is uncertain,
And the end is always near".

-Jim Morison & the doors 1967.

Alcoholism is a worldwide problem not confirmed either to developed or to developing nations. The adverse consequences of alcohol are not only affect the individual user, but society as a whole. Alcohol is a major public health problem today. Alcoholism continues to be a growing nuisance is among all the strata of the society. Alcohol is a most commonly used and abused substance especially in the western world. Alcohol dependence is one of the most debilitating psychiatric illnesses affecting 5% of people who consumes alcohol (WHO2011).

In US alone alcoholism ranks among the four major health problem. Next to heart disease and cancer, alcohol related disorders constitute the third largest health problems in the United States today. "First you take a drink, then the drink takes a drink, then the drink take you" (WHO-2003).

'Drug and Alcohol' dependence has been showing a rising trend all over the world including India, perhaps as a result of newer and greater stressors related to rapid changes in life styles. This problem has received some attention in recent years. In last three decades, many surveys have been carried out in India to assess the prevalence and co-morbidity of alcohol and drug uses. Important finding of these studies is that alcohol was the commonest substance used, i.e., 60-98%. Prevalence of current alcohol abuse and dependence was 4.5 to 13.2% and 3.8 to 13.2% respectively. Significantly higher use has been recorded among tribal, rural and lower socio-economic urban sections.

According to statistics on alcohol abuse and alcoholism by the World Health Organization about 140 million people throughout the world suffer from alcohol-

related disorders. Not surprisingly, the prevalence of alcoholism varies in different countries. In United States, for instance, approximately 15 percent of the population experiences some sort of problem associated with their consumption of alcohol.

In the Indian population it is estimated 34-42% of adults have been the users of alcohol in their life time; 5-7% have been estimated to be the abusers of alcohol and 10-20 million persons have been estimated to be in need of treatment for alcoholic dependence, along with steady raise in per capita alcoholic consumption every year. There has been a significant lowering of age at initiation of drinking. Data from Karnataka showed a drop from a mean of 28 years to 20 years, between the birth cohorts of last 70 years. Alcohol sales have registered a steady growth rate of 7-8% in the past three years.

Alcoholism is a long term chronic disease. Alcoholics are obsessed with alcohol and cannot control how much they consume, even if it is causing serious problems at home, work and finaly Alcoholism is a long-term (chronic) disease. Alcoholics are obsessed with alcohol and cannot control how much they consume, even if it is causing serious problems at home, work, and financially.

World Health Organization (WHO) says there are at least 140 million alcoholics in the world; unfortunately, the majority of them are not treated.

The problems linked to alcohol dependence are extensive, and affect the person physically, psychologically and socially. Usually, drinking alcohol initially elevates the person's mood. However, after a long period of regular heavy drinking the person's nervous system will become depressed and the drinker will become sedated by alcohol. Alcohol may undermine a person's judgment; it can lower inhibitions and alter the drinker's thoughts, emotions and general behaviour. Heavy regular drinking can have a serious effect on a person's ability to coordinate his/her muscles and speak properly. Heavy binge drinking could cause the patient to go into coma.

Eventually, regular heavy drinking may cause at least one of the following problems:

- Fatigue - the patient is tired most of the time.
- Memory loss - especially the patient's short-term memory.
- Eye muscles - the eye muscles can become significantly weaker.

- Liver diseases - the patient has a considerably higher chance of developing hepatitis, and cirrhosis. Cirrhosis of the liver is an irreversible and progressive condition.
- Gastrointestinal complications - the patient can develop gastritis, or pancreas damage. These problems also seriously undermine the body's ability to digest food, absorb certain vitamins, and produce hormones which regulate metabolism.
- Hypertension - regular heavy drinking invariably raises the person's blood pressure.
- Heart problems - regular heaving drinking can lead to cardio myopathy (damaged heart muscle), heart failure, and stroke -WHO.

NEED FOR THE STUDY

Global scenario: In 2010 it was estimated that about 1895 million people were alcohol dependent in the world. A large number of alcohol dependents found in USA, UK, Ireland, and India. Approximately two thirds of all adult Americans take an alcohol drink in course of a year. Indian Scenario: In India about 10% adult male and 0.08% adults females were found to be alcohol dependents. The incident rate was found to be 15.1% in Mumbai, 14.3% in Bangalore, 12.2% in Delhi and 9% in Chennai. The wide spread of abused drugs and alcohol has become a human tragedy.

According to study conducted by (AIIMS) Alcoholism is a social evil and as far as possible every individual should avoid it. Continuous usage of alcohol adversely affects the brain and its efficiency. Alcohol is the main cause of family unhappiness, tension and total disorganization. Alcoholic individual waste money and economic life of the family resulting in poverty, quarrel, violence and development of abusive behaviors. Children may become delinquents, alcoholic may commit crimes, antisocial activities which may also be associated with gambling, prostitution and this is how one-fourth of the income are wasted on alcoholism.

In India eighty-five percent of men who are violent towards their wives were frequent or daily users of alcohol. 3 to 45% of household expenditure is spent on alcohol, use of alcohol increases indebtedness and reduces the ability to pay for food and education. W.H.O ranked alcohol dependence as nine among ten medical disorders

causing morbidity in the world based on results from the third generation epidemiological studies, alcohol becoming widely used in Asian Countries.

Alcohol consumption has been steadily increasing in developing countries like India and decreasing in developed countries since the 1980s. The pattern of drinking to intoxication is more prevalent in developing countries indicating higher level of risk due to drinking**.**

Alcohol abuse causes over 100,000 deaths in the United States each year. It is most commonly used by children between the age of 15 to 17 years. Alcohol related motor vehicle accidents are the leading cause of death in teen-agers. People who drink alcohol are more likely to engage in high-risk sexual behavior, have poor grades or job performance, use tobacco products and experiment with illegal drugs .Many people are affected by the Countries indicating higher levels of risk due to drinking. In India 62.5 million alcohol users were estimated to have increased per capita consumption of alcohol by 106.7% over the 15-year period from 1970 to 1996.

Long term heavy drinking damages the liver, nervous system and brain. It also cause high blood pressure, stomach cancer problems, medication interaction, sexual problems, osteoporosis and cancer. Alcohol abuse can also lead to violence social isolation and difficulties at work and home. Symptoms of an alcohol problem includes personality change, blackouts (loss of consciousness) and denial of the problem. A person with an alcohol problem may gulp or sneak drinks, drink alone or early in the morning and suffer from the shakes. He may also have family, school, work problems or get in trouble with the law because of drinking.

Alcohol abuse reduces life expectancy by about 10 years (National Institute on Drug Abuse (NIDA, 1991). The second National family health surveys results (1998-1999) indicate the percentage of Indian population consuming alcohol. It was found that 17% of men and 2% of women, aged above 15 are consuming alcohol. The proportion of men who drink alcohol one and one half times high in rural areas (31.1%) than in urban areas (20.8%) (Health Action 2004).

Alcohol misuse in India is a prominent node in an interrelated environment of high risk behaviors. These includes violence, and injuries, high risk sexual behaviors

and HIV infection, industrial losses, retarded economic development of individual and families which ultimately impact on national growth.

From the clinical experience, the investigator has seen behavioral and emotional problems in the alcoholic inpatients. Apart from studying the prevalence of alcoholism and de-addiction, problems of the alcohol dependent patients during and after de-addiction draw more attention, like behavioral and emotional problems, which affect their day to day and future developments.

According to Drug, Tobacco and Alcohol Control Department recent statistic in Lithuania shows that over the last 30 days, two-thirds of the Lithuanian populations consume alcohol (66.7%). At the end of 2012, medical institutions accounted for a total of 3.6 thousand individuals with mild alcoholic psychosis, and 51.7 thousand – chronic alcoholism. Compared with the 2011, alcoholic psychosis occurrence rate has increased by 19.9% as well as chronic alcoholism – 19%. Given the large-scale problem in Lithuania there are five addiction centers, those are the largest organizations that provide long-term and short-term multidisciplinary help for individuals suffering from the different kinds of addiction problem.

Motivation is the process by which man is impelled to seed some goal. An alcohol dependent may not be motivated by themselves for treatment, as alcohol dependents are found to have low level of aspirations and motivation. Researcher believes that knowledge of the different courses and prognoses of alcohol–induced behavioral and emotional disorders, the nurses and physician can help the challenging patient population.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari District.

Objectives of the study

5. To assess the pre-intervention level of alcohol dependency among the alcohol dependent clients.
6. To assess the post intervention level of alcohol dependency among the alcohol dependent clients.
7. To assess the effectiveness of Motivational Package among the alcohol dependent clients in reduction of alcohol dependency.
8. To associate the level of alcohol dependency with selected demographic variables and alcohol practice variables.

Operational definitions

- **Abstinence:** In this study it refers to keeping oneself away from alcohol consumption.
- **Motivation package**: In this study it refers to a package consisting of providing knowledge related to ill effects of alcohol and 6 counseling sessions for abstinence from alcohol consumption.
- **Alcohol dependent client**: In this study it refers to an individual who is addicted to alcohol either physically or mentally.
- **Effectiveness:** In this study, effectiveness refers to the capability of producing a desired result, which results in decreased dependency on alcohol conception.

Hypotheses

H1: There will be significant difference between the pre-intervention and post-intervention scores of alcohol dependency among alcohol dependent clients.

Assumptions

1. Alcohol dependent clients need help to maintain abstinence from alcohol consumption.
2. Motivational intervention will be effective to promote abstinence.
3. Counseling among alcohol dependent will help to maintain abstinence.

Delimitation

1. The study period is delimited to four weeks of duration.
2. Knowledge was provided with help of flip chart .
3. 6 Counseling sessions were only provided.

Conceptual Framework

Theory of interpersonal relations is a middle range descriptive classification theory. Theorist- Hildegard. E. Peplau's. Born in Reading, Pennsylvania [1909], USA the theory was influenced by Harry Stack Sullivan's theory of interpersonal relations (1953). Peplau's theory is also referred as psychodynamic nursing, which is the understanding of one's own behavior.

Phases of interpersonal relationship

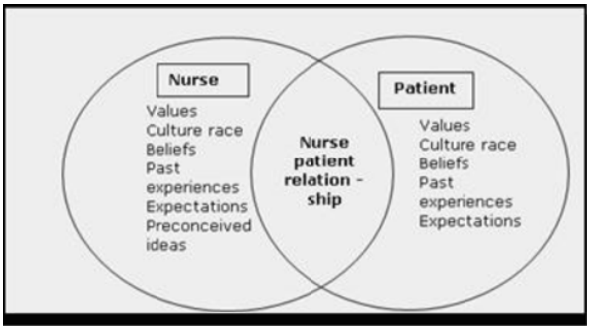
Identified four sequential phases in the interpersonal relationship:

1. Orientation
2. Identification
3. Exploitation
4. Resolution

Orientation phase

- Problem defining phase.
- Starts when client meets nurse as stranger.
- Defining problem and deciding type of service needed.
- Client seeks assistance, conveys needs, asks questions, shares preconceptions and expectations of past experiences.
- Nurse responds, explains roles to client, helps to identify problems and to use available resources and services.

Identification phase



Identification phase

- Selection of appropriate professional assistance
- Patient begins to have a feeling of belonging and a capability of dealing with the problem which decreases the feeling of helplessness and hopelessness.

Exploitation phase

- Use of professional assistance for problem solving alternatives
- Advantages of services are used is based on the needs and interests of the patients
- Individual feels as an integral part of the helping environment
- They may make minor requests or attention getting techniques
- The principles of interview techniques must be used in order to explore, understand and adequately deal with the underlying problem
- Patient may fluctuates on independence
- Nurse must be aware about the various phases of communication

Nurse aids the patient in exploiting all avenues of help and progress is made towards the final step.

Resolution phase

- Termination of professional relationship.
- The patients needs have already been met by the collaborative effect of patient and nurse.
- Now they need to terminate their therapeutic relationship and dissolve the links between them.
- Sometimes may be difficult for both as psychological dependence persists.
- Patient drifts away and breaks bond with nurse and healthier emotional balance is demonstrated and both becomes mature individuals.

Summary

This chapter has included introduction, need for the study, statement of the problem, objectives, operational definition, hypothesis, assumption, delimitation and conceptual frame work.

CHAPTER – II

REVIEW OF LITERATURE

Review of literature helps to develop a strong knowledge base to carry out research in educational, clinical practice setting and for further development of knowledge in nursing science (Polit, 2008).

Literature relevant for this study has been organized in the following sequence.

- Studies related to alcohol dependence.
- Studies related to incidence and prevalence of alcoholism.
- Studies related to motivational package on alcohol dependence.

Studies and literature related to alcohol dependence:

Levenson et al. (1991) studied the effects of high dose of alcohol on physiological and self-report responses on two stressors (electric shock and self disclosing speech). They were compared with the effects of a placebo in three groups of non alcoholic subjects, considered to be at heightened risk for alcoholism by virtue of their (a) having an alcoholic parent (parental risk) or (b) matching a free alcoholic personality profile. These high risk groups were tested with appropriate controls for drinking experience. For female subjects, phase of menstrual cycle was also considered. Results indicated that positively reinforcing effect of alcohol (its capacity to attenuate physiological responses to stress) was more pronounced in high risk group than in low risk group. This relations were found for both parental risk and personality risk factors and in both male and female subjects.

Kushner et al. (1992) evaluated whether alcohol outcome expectancies moderate the association between measures of anxiety and alcohol use. Student subjects completed questionnaire related to their level of anxiety, recent alcohol use patterns and outcome expectations were conducted. Consistent with predictions, males with tension reduction alcohol outcome expectancies showed a positive correlation between measures of anxiety and drinking behavior than did male subject with low tension reduction outcome expectancies. The result of the study supported the Tension Reduction Hypothesis of stress induced drinking.

Brown et al. (1992) conducted a study to explore the change in anxiety among abstinent male alcoholics. Results indicated that recently detoxified patients experienced multiple anxiety symptoms. By the second week anxiety returned to normal range and symptoms started decreasing. Elevated levels of anxiety symptoms were more common for patients with history of panic episodes or anxiety disorder. Relapsers scored higher on anxiety when compared to abstainers in the follow-up.

B.Chaudhary et al. (2001) conducted a descriptive study on depression in alcoholics relationship with socio demographic variables in. Subjects meeting the inclusion criteria were given, Structured interview schedule. The mini mental status examination and Hamilton depression rating sca le were administered. The result indicated that alcoholics have a greater risk for developing depression (33.3%) when compared to non-alcoholic (6.6%) and that socio demographic variables do not account for depression.

Patilvanshe et al. (2003) descriptive study was conducted on craving and alcohol withdrawal as core symptoms of alcoholism on treatment seeking alcoholics (n=98), non treatment seeking heavy drinkers (n=68), and alcoholic psychiatric patients (n=75) in Netherlands in 2003. All samples were merged and then divided according to DSM IV diagnosis and craving withdrawal model (CWM) and data were compared using analysis of variance, and proportions were compared using chi square test. Results showed that 55 of those patients were having either withdrawal or craving problem. Eight subjects were found withdrawal behavior syndrome, without craving and 47 subjects with craving behavior & without withdrawal behavior.

Gan J.T (2003) prospective longitudinal study was conducted to find out the factors influencing the short term outcome of alcoholic dependence patients in psychiatric set up in Kasthurba Medical Collage. Consecutive 60 patients with alcoholic dependence syndrome according to ICD 10 criteria were studied. Out of 55% positive & 35% negative outcome patients, co morbidity of behavioral problem like antisocial behavior, depression, & psychosis or neurosis were found out using ICD10 diagnostic criteria for research criteria. Demographic comparison of clinical variables showed that 24.2% positive outcome patients and 38.1% negative outcome patient manifested co morbidity of psychiatric problems and 24.2% positive outcome patients and 23.8 % negative outcome patients had neurologic disorders.

Kalman b et al. (2004) conducted a descriptive study, investigated the relationship between alcohol dependence and health related Quality of Life in people with and without selected psychiatric disorders. 127,308 were selected respondents with a history of alcohol dependence plus one or more psychiatric disorders had significantly lower health related quality of life in domains pertaining to psychological

and social functioning. The respondents with a history of alcohol dependence only had poorer health related quality of life than no history of alcohol dependence.

Johnson Bane et al. (2004) conducted a experimental study on consequences of drinking and improves the Quality of life of Alcohol dependent individuals. Sample of 150 alcohol dependent individuals were selected Randomized, controlled, clinical trial design was adopted. Result showed that (Cup to 300 mg/ day) increasing overall well being and Quality of life and lessening dependence severity and its harmful consequences.

Ashintosh Chauhan et al. (2004) conducted a retrospective study of de-addiction clinic, Manipal. 100 samples were selected with the diagnosis of alcohol dependence syndrome. The aim of study was to determine the distribution of physical and psychiatric co-morbidities in patients with alcoholic dependence syndrome. The results were the major physical illnesses were alcohol liver disease (39%) and acid peptic disease (47%).The most prevalent psychiatric co-morbidities were tobacco dependence syndrome (60%) substance induced mood disorder (7%) independent mood disorder (4%) and other (16%).

Nicholas. W (2004) conducted a retrospective study on patients who attended deaddiction treatment in Tamil Nadu. Alcohol dependence, poly substance dependence, duration of substance use and co morbidity in 839 new patients who admitted in between the years 1985-2006 were collected and analyzed. Among majority of patients were alcohol depended, 3.8% of alcoholic patients had emotional anxiety disorders, 2.6% alcohol dependent patients had Personality behavior disorder and 21.6% alcohol dependents had Schizophrenia.

Zen et al. (2004) a descriptive study was conducted on psychiatric co morbidity among alcoholic patients attending psychiatry OPD services at the Regional Institute of Medical Sciences, Manipur in (2004). 100 patients were assessed after excluding the presence of psychiatric/organic or substance use disorders. A semi structured interview Proforma was used to record the socio demographic and the history of alcohol abuse. Result found that Psychiatric co morbidity among 92 % of subjects and the most common found was emotional depressive disorder & 5% had generalized emotional anxiety disorder.

Federick (2005) conducted a correlative study in men undergoing alcohol dependence treatment and/or opioid dependence in De addiction Treatment Center at Chandigarh to find out alienation, sensation seeking and multiphase personality. The sample of 230 men was selected in which alcoholic were 103, opioid were 72 and mixed were 55. Alienation was assessed using alienation scale and it showed significant alienation in opioid ($p<0.01$), and alcoholic and mixed had somewhat less alienation ($p<0.05$). Sensation seeking was assessed using sensation seeking scale and it showed all three patients groups had higher scores. For anxiety emotional problems of alcoholics got a mean of 11.78 with Standard Deviation 3.41 and emotional depressive disorder found was 6.81 with standard deviation of 2.09.

Gatti, E. et al. (2008) conducted a experimental study to assess the social, personality and behaviors of alcoholics using Virtual Reality (VR). Evaluated the difference between assessment methods by comparing the VR assessment protocol with the SCID -Structured Clinical Interview for DSM-IV Axis I Disorders - in a sample of 20 alcohol-dependent individuals (10 experimental group + 10 control group) entering a non-pharmacological outpatient treatment. The data, obtained using both qualitative and quantitative analyses, confirm the possibility of using the VR protocol in the assessment of alcohol-dependent patients. Further, the VR group reported a significant improvement in the motivation for change after the assessment protocol, not found in the SCID group: apparently, the experiential approach required by VR makes the patient more active and involved in the processes of introspection and change.

Studies related to incidence and prevalence of alcoholism.

Stewart (1990) in a critical review of literature on alcoholism and exposure to trauma, had observed a strong relationship that exists between exposure to traumatic events and alcohol problems. The relationship was reported to be more concrete between diagnosis of post traumatic stress disorder (PTSD) and alcoholism. Brislin et al. (1990) proposed a model of stress and alcohol use that included coping preference as an important moderator of women's drinking. The result of the study was consistent with the notion that stress could influence alcohol consumption.

Kalarani et al. (1991) A recent investigation undertaken and attempted to identify the contribution of the husband's alcoholism on the spouse's stress proneness.

Wives of chronic alcoholics, occasional drinkers and new drinkers were compared and results showed that spouse's stress proneness was directly related to the severity of husband's drinking.

Levenson et al. (1991) studied, the effects of high dose of alcohol physiological and self-report responses on two stressors (electric shock and self disclosing speech) were compared with the effects of a placebo in three groups of non alcoholic subjects, considered to be at heightened risk for alcoholism by virtue of their (a) having an alcoholic parent (parental risk)or (b) matching a free alcoholic personality profile. These high risk groups were tested with appropriate controls for drinking experience. For female subjects, phase of menstrual cycle was also considered. Results indicated that positively reinforcing effect of alcohol (its capacity to attenuate physiological responses to stress) was more pronounced in high risk group than in low risk group. This relation was found for both parental risk and personality risk factors and in both male and female subjects.

Kushner et al. (1992) evaluated whether alcohol outcome expectancies moderate the association between measures of anxiety and alcohol use. Student subjects completed questionnaire related to their level of anxiety, recent alcohol use patterns and outcome expectations to be tension reducing. Consistent with predictions, male Ss with tension reduction alcohol outcome expectancies showed a positive correlation between measures of anxiety and drinking behaviour than did male subject with low tension reduction outcome expectancies. The result of the study supports the Tension Reduction Hypothesis of stress induced drinking.

Brown et al. (1992) conducted a study to explore the change in anxiety among abstinent male alcoholics. Results indicated that recently detoxified patients experience multiple anxiety symptoms. By the second week anxiety returned to normal range and symptoms started decreasing. Elevated levels of anxiety symptoms were more common for patients with history of panic episodes or anxiety disorder. Relapsers scored higher on anxiety when compared to abstainers in the follow-up.

Brennan et a1. (1994) conducted a longitudinal analysis of the late life problem drinkers on personal and environmental risk factors as predictors of alcohol use, depression and treatment seeking. Study concluded that personal risk factors such as

prior function, male unmarried. Early onset of drinking and avoidance coping are independently predictive of poor outcomes. Among environmental risk factors, negative life events, chronic health, spouse stressors and having more friends who approved of drinking were independent predictors of poorer follow-up functioning and treatment seeking. Interaction between personal and environmental risk factors helped to predict subsequent alcohol consumption and treatment seeking.

Maharaj (1995) investigated the relationship between alcoholism, depression. life events, stress and purpose in life. Thirty-five first admission alcoholics an equal number of Alcoholic Anonymous members were assessed on alcoholism, depression. Stress and purpose in life using objective measures. The results indicated significant differences between the two groups on drinking Prepared by BeeHive Digital Concepts for Mahatma Gandhi University behaviour, depression and purpose in life. However, no difference was noted between groups on stress. Positive correlation was obtained between drinking behaviour and depression, life events and purpose in life.

Drummond and Glautier (1996) evaluated the effectiveness of cue exposure treatment (CE) in alcoholic dependence. 35 men who were detoxified and purely alcohol dependent received either cue exposure or relaxation control (RC) treatment. CE subjects had 40 minutes exposure to the sight and smell of preferred drink. RC subjects were given relaxation therapy. In a 6 months follow-up, it was found that CE subjects came out with significantly favourable results in terms of latency to relapse and total alcohol consumption. The result pointed out to the importance of cue exposure as a treatment for addictive behaviour. e.g., Larson and Asmussen, (1991)Adolescents also seemingly exhibit age-related alterations in the way they respond to motivational stimuli. Human adolescents exhibit an increase in negative affect and depressed mood relative to younger or older individuals . In addition to greater negative affect, adolescents seemingly experience and expect to experience positive situations as less pleasurable than younger or older individuals. Between late childhood and adolescence, the number of reports of feeling happy drops by 50%; even when engaged in the same activities, adolescents find them less pleasurable than do adults (Larson and Richards, 1996). Thus human adolescents appear to show some degree of anhedonia, seeming to attain less positive impact from stimuli with moderate to low incentive value. As a consequence, adolescents may be predisposed to pursue

new appetitive reinforcers through increases in risk taking and novelty-seeking behaviors, including alcohol and drug use.

An article presented the incidence and prevalence of alcoholism in the global population in 2002, that about 13.8 million Americans were alcohol dependents. In that general population, about 20% were suicide victims. It was reported that almost three times as many men (9.8 million) as women (3.9 million) are alcoholics and prevalence was highest for both sexes in the 18 to 29 age group. According to drunk driving statistics, an estimated 17,419 people died in the year 2002. One by third of alcoholism deaths were from suicides or accidents such as drowning, head injuries from falling or car crashes. It was believed that140 million people addicted to alcohol globally.

An article presented the prevalence of alcohol use in Karnataka that the alcohol consumption in India was low comparing to other countries. There were extreme gender differences in the prevalence of alcohol use. Study showed that younger population was more vulnerable group and the greater prevalence in rural-tribal areas. More than 40% of all alcoholic beverages consumed in the state were undocumented. Alcohol users spent more than a fourth of their monthly family income on alcohol. There were significantly more health problems in alcohol users such as gastritis, insomnia, depression and anxiety.

G.S.Palaksha (2007) conducted a descriptive study to investigate alcoholism in Karnataka among 113 patients admitted to special de-addiction centers. The data collected through social cost checklist for alcoholism. The findings revealed that average individual earned a mean of Rs 1660.95 spent Rs 1938.40 per month on alcohol and incurred personal loans of Rs 8388.29. 94.7% had two or more admissions in the previous two years and did not work for 13.53 days in a month.18 % had lost jobs in the previous year. 59.4 % of families were supported by income from other family members and 9.7 % sent children under 15 years to work to supplement family income. While the state recovered Rs 581.5 crores through taxation on alcohol and Rs18.09 crores as individual health payments, it spent Rs 1147.48 crores in hospital costs alone. The social costs of alcoholism far outweigh the benefits accrued from the sale and taxation of alcohol.

A descriptive population- based study was conducted to estimate the prevalence of alcohol abuse dependence and identify associated factors among demographic, family, socioeconomic and mental health variables among 515 subjects, aged 14 years. A sample was selected by stratified random sampling. The data was collected through Self Report Questionnaire and the Alcohol Use Disorder Identification Test. The findings revealed that the estimated prevalence of alcohol abuse/dependence was 13.1% (95% CI: 8.4; 19.9) in men and 4.1% (95% CI: 1.9; 8.6) in women and it was significantly associated with age, income, schooling, religion and illicit drug use. Alcohol abuse and dependence patterns were different according to age group.

Studies related to motivational package on alcohol dependence:

Carloc. diclemente, Leo Neavins (2001) conducted the study motivation for change of alcoholism (University of Rhode Island Change Assessment scale) (URICA).A study of 263 alcohol dependent adults brief interventions(social skill training, self control strategies , behavioral contracting) vary in duration from one to four sessions ,with each session lasting from 10 to 60 minutes .Researchers generally have found brief intervention to be effective. Variations in motivation has been found in treatment seeking populations, including substance abusers recognizing the difference was the first step to evaluate how differences in motivation affect participation in treatment programmes and drinking out comes. Assessment of motivation presents a significant challenge . External influences and pressures, as well as internal thoughts and feelings, contribute to a persons motivation both to consider and implement a change in behaviour. Evaluating a persons motivation requires assessment of the persons attitudes and intentions ,confidence and commitment and decision making ability. Finally nearly 223 alcohol dependents were motivated and they stopped drinking alcohol.

William R.Miller (2002) conducted a study on to promote motivational enhancement therapy (MET**).** Motivational Enhancement Therapy (MET) is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their alcohol use. 400 alcohol dependence client were selected and given questionarie. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. This study highlighted some of the potential benefits of using motivational enhancement therapy

(MET). Result showed that, 350 clients nearly 87.5% had motivated by motivational enhancement therapy (MET) had some additional benefit such as improving self concept and behaviour. The study concluded that motivational enhancement therapy (MET) was helpful for alcohol dependence with some disabilities or who may likely to encounter drinking problems similarly.

John U, Veltrup C, Driess en M, Wetterling T, Dilling H (2002) conducted a study Motivational intervention: an individual counselling vs a group treatment approach for alcohol-dependent in-patients, The present study aimed to evaluate whether individual counselling for alcohol-dependent patients in three sessions is as effective as a 2-week group treatment programme as part of an in-patient stay in a psychiatric hospital. A randomized-controlled trial was conducted with 161 alcohol-dependent in-patients who received three individual counselling sessions on their ward in addition to detoxification treatment and 161 in-patients who received 2 weeks of in-patient treatment and four out-patient group; however, this difference had disappeared 12 months after treatment. The abstinence rate among the former patients did not differ between the two intervention groups. Result shows that six months after intervention, group-treatment patients showed a higher rate of participation in self-help groups, but does not increase the abstinence rate 6 months after treatment.

San diegocalif, (2003) conducted a study on the effectiveness of motivational intervention on alcohol reduction among alcohol dependence in selected settings in United States. 40 alcohol dependent clients (20+20) were selected by purposive sampling method and alcohol using was assessed using alcohol dependence scale prepared by the investigator. FRAMES is an acronym for the basic elements of motivation (Empathic counseling: showing warmth, respect, and understanding is emphasized; Self efficacy : is engendered in the patient to encourage change). Interpretation and findings showed that there was a decrease in alcohol intake among the experimental group which indicated that motivational intervention was very effective in preventing psychiatric morbidity .

Braine, (2005) A randomized trial of a brief motivational intervention for alcohol abuse in Nigerria. 600 were selected by Randomized clinical trial. Those assigned to a brief motivational intervention (MI) condition received two 1-hour therapist sessions following assessment visits, 1 month apart, focusing on alcohol use

Control and MI subjects received identical research assessments at baseline, 1 and 6 months following study enrollment. At 6 months, study outcomes included days of alcohol use measured using the time-line follow-back method. Study retention was 96.8% at 6 months. Participants reported an average of 12.0 drinking days at baseline and 8.3 at 6 months. Significant reductions in drinking days were observed in both treatment conditions. We found significant treatment baseline drinking day interaction effects. Tests for simple main effects were significant for subjects with above median (>9) baseline drinking day frequency, but not for those with below median baseline drinking frequency. Comparisons on dichotomous outcomes provided supporting evidence of treatment efficacy; those in MI were over two times more likely than controls to report reductions of 7 days or more ($P < 0.05$).This study provides the first direct evidence that brief (MI) motivational intervention can decrease alcohol use among alcohol dependence with drinking problems.

Klimas J, Bury G, (2011) conducted a study on Psychosocial interventions(counselling) to reduce alcohol consumption in concurrent problem of alcohol in the Society for the Study of Addiction (SSA), Alcohol Harm Reduction, Randomised controlled trials comparing psychosocial interventions with another therapy (other psychosocial treatment), including non-pharmacological therapies in adult (aged 18 to 60 years) concurrent problem alcohol of users.594 male participants were included. They considered six different psychosocial interventions grouped into four comparisons. There is no significant difference cognitive-behavioural coping skills training versus 12-step facilitation (N = 41). By doing brief intervention versus treatment of motivation by behaviour change 1 (N = 110), higher rates of decreased alcohol use at three months (risk ratio (RR) 0.32; 95% confidence interval (CI) 0.19 to 0.54) and nine months (RR 0.16; 95% CI 0.08 to 0.33) in the treatment as usual group . By health promotion versus motivational interviewing (group and individual format) (N = 256). In brief motivational intervention versus counselling (N = 187) , more people reduced alcohol use (by seven or more days in the past 30 days at 6 months) in the brief motivational intervention compared to controls (RR 1.67; 95% CI 1.08 to 2.60)finding that there is no difference in the effectiveness between different types of interventions and that brief interventions are not superior to assessment only or treatment as usual. Counselling is more effective for reduction of alcohol.

Sellman, Patrick F. Sullivan, Glenys M. Dore, Simon (2011) A Randomized Controlled Trial of Motivational package (MP) on Mild to Moderate Alcohol Dependence. This study was designed to conduct a randomized controlled trial of motivational package with two control conditions: nondirective reflective listening (NDRL) and no further counseling (NFC); and to conduct this study in a sample of patients with a primary diagnosis of mild to moderate alcohol dependence, in a "real-life" clinical setting. Patients with mild to moderate alcohol dependence were recruited, assessed and treated at the Community Alcohol and Drug Service of Christchurch, New Zealand. All patients received a feedback/education session before randomization to either four sessions of Motivational package (MP), four sessions of NDRL, or NFC. Outcome data on 122 subjects (57.4% men) were obtained 6 months following the end of treatment, by an interviewer who was blind to the treatment condition. The primary drinking outcome was unequivocal heavy drinking, defined as drinking 10 or more standard drinks, six or more times in the follow-up period. Global assessment scale (GAS) measured general personal/social functioning.Patients treated with MP, 42.9% showed unequivocal heavy drinking compared with 62.5% of the NDRL and 65.0% of the NFC groups ($p = .04$). No significant differences were found for GAS score according to treatment condition. In patients with mild to moderate alcohol dependence, MP was more effective for reducing unequivocal heavy drinking than either a feedback/education session alone or four sessions of NDRL. MP can be considered an effective "value added" counseling intervention in a real-life clinical setting. In patients with mild to moderate alcohol dependence, nondirective reflective listening provides no additional advantage over a feedback/education session also.

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology is designed to develop and refine methods of obtaining, organizing or analyzing data. [Polit-2006]. It is the systematic way to solve research problems.

This study was designed to evaluate the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district.

Research approach

The research approach used for the present study was a quantitative research approach.

Research design

In this study Quasi experimental research design with one group pretest posttest design was used.

The diagrammatic representation of this design is as follows:

O_1 X O_2

O_1- Pre test observation.

X- Intervention by motivational package.

O_2-Post test observation.

Variables under study

Dependent variable - Dependency on alcohol.

Independent variable - Motivational package.

Research settings

The study was conducted in Zionpuram, Kanyakumari district. Zionpuram is situated in the south part situated 4 kms form Nagercoil and 36 kms from Nehru nursing college.

Population

The target population of this study comprised of selected alcohol dependent clients in Zionpuram in Kanyakumari district.

Samples

In this study the sample comprised of alcohol dependent clients and who fit into the criteria for sample selection were selected.

Sampling technique

In this study the technique used was purposive sampling technique.

Sample size

The sample size consisted of 30 alcohol dependent males.

Criteria for sample selection

Inclusion criteria

1. Adult male individuals in the age group of 20-50 years.
2. Persons who are willing to participate in the study.
3. Persons who understand tamil.

Exclusion criteria

1. Adult alcohol dependents suffering from any other serious physical or mental disorders are excluded.
2. Client who are attending outpatient clinic of de -addiction centre are excluded.

Tools and instrument

The tool was formulated based on the review of literature and discussion with the experts in the field of nursing and three medical experts in the field of psychiatry.

Discription of tool

Tools consist of three sections.

Section I

Section I had items related to demographic data which included age, sex, religion, education, habitat, family system, occupational status, income, marital status, drinking habit.

Section II

Section II comprised of Habit of Alcoholism .Practice of alcohol intake such as history of alcoholism in the family, person who introduced alcohol to you, duration of drinking of alcohol, number of times undergone treatment, amount of alcohol consumption ,situations induces alcoholism, weekly consumption of alcohol.

Content validity

Content validity refers to the extent to which a measuring instrument provides adequate coverage of the topic under study (Polit, 2007) .The tool was submitted to experts of the department of Mental health nursing. Experts were asked to give their opinions and suggestions about content of the tool. Those modifications were incorporated in the final preparation of tool.

Section III

Section III comprised of SADQ-(Severity of alcohol dependence questionnaire) scale to assess the intensity of alcohol dependant among the adult male clients. It consist of items(20).The questionaire was explained to the sample subject and asked to respond to the each question.

Severity of alcohol dependence questionnaire

Scoring procedure

Total score -60

Answer to each question are rated on a four point scale

Almost never - 0

Sometimes - 1

Often - 2

Nearly always - 3

Catageration of alcohol dependence.

- Below 16 - Mild dependence.
- 16 – 30 - Moderate dependence.
- Above 31 - Severe dependence.

Pilot study

The pilot study was a small preliminary investigation of the main study which was designed to acquaint the researcher with problems that can be corrected in preparation for large research projects. A written permission was obtained from president of Zionpuram, village. The investigator conducted the pilot study with 3 samples, who met the sampling criteria. The data was collected from alcohol dependant clients. The study was conducted in the same manner as that of the original study. The alcohol dependants participated in learning sessions and expressed.

Data collection procedure

After obtaining ethical clearance from the dissertation review committee, the community was selected. Purposive sampling technique used to select the sample. Pre test was given using standardized scale(SADQ) Severity of alcohol dependence questionnaire to selected samples. Then motivational package sessions were conducted for the alcohol dependant adults. The motivational package was divided into six sessions and each house has been visited six days by researcher. The post test was conducted during the last week of data collection.

Description of the procedure

First week

- Self introduction was done.
- Good rapport with the participants was established.
- Nature of the study was explained and oral consent was sought.
- Pre test and knowledge was given for the samples and the samples who were alcohol dependents has been identified using Severity of alcohol dependence questionnaire (SADQ).
- Small games (Relaxation game conducted) to identify the cognitive function. Building motivation for change.
- Group health education was given with the help of flip chart .
- First session of counseling regarding Provide personalized feed back from assessment instruments; identify and address ambivalence ;build motivation for change.

Second week

Second session

- Maintaining abstinence from alcohol.
- Develop a change plan; strengthen commitment to change.

Get rid of temptations

Remove all alcohol, barware, and other drinking reminders from your home and office.

Announce your goal

Let friends, family members, and co-workers know that you're trying to stop drinking. If they drink, ask them to support your recovery by not doing so in front of you.

Be upfront about your new limits

Make it clear that drinking will not be allowed in your home and that you may not be able to attend events where alcohol is being served.

Avoid bad influences

Distance yourself from people who don't support your efforts to stop drinking or respect the limits you've set. This may mean giving up certain friends and social connections.

Third session

Benefits of those Motivation techniques.

A person suffering from alcohol addiction but is well motivated can:

• Push his limits to deal with alcohol withdrawal symptoms

• Admit his drinking problems

• Have the eagerness to undergo alcoholism treatments

• Concentrate on his plans to quit.

Third week

Fourth session

Overcoming Alcohol Addiction

- Overcoming an addiction to alcohol can be like a long and bumpy road. At times, it may even feel impossible. But it's not. If you're ready to stop drinking and willing to get the support you need, you can recover from alcoholism and alcohol abuse—no matter how bad the addiction or how powerless you feel.

- Recovery starts with admitting you have a problem with alcohol. You don't have to wait until you hit rock bottom; you can make a change at any time. And while there are many effective alcohol treatment options, you don't necessarily have to seek professional help or go to a family rehabilitation program in order to get better. There are many things you can do to help yourself stop drinking and achieve lasting recovery.

Fifth session

- Motivational Techniques That Can Help a Person quit Drinking Alcohol.

Motivating an alcoholics to stop drinking can be a little tricky. The person who abuses alcohol may be in the denial period and this causes him to refuse accepting any kind of advice. He may be in the stage where he doesn't believe he has drinking problem and that he can stop drinking anytime he wants. The truth is that a common sign of alcohol addiction is when a person is denying the issue and rejecting the facts there are negative effects of alcohol in his life. But when he became aware of these and realize he needs to quit drinking alcohol, it will be easier for us to encourage him to give up the habit.

There are many ways to motivate an alcoholic to stop drinking. If he already decided he will quit alcohol, then the only thing we need to do is to make his decision stronger by giving him the reasons why he should continue going on with his journey.

Fourth week

Sixth session

- **Renew motivation.**
  - Counseling discussed about the communication skills**.**
- ✓ Explained the client about Honest with your spouse and parents.
- ✓ Use right words.
- ✓ Sharing emotions freely with spouse.
- ✓ Advised him Try to minimise emotion when talking about important matters, big discussions.
- **Termination of therapy.**
- Post test was done using Severity of alcohol dependence questionnaire scale.
- Effectiveness of the motivational package was compared with pre test data.
- Final day invited the family members for termination of therapeutic relation ship.
- Most of the clients agreed that their intake of alcohol has reduced. Because of motivation counselling and family support. Regarding self control consent were taken from most of the clients along with the family members.
- Some of the clients were at same level, so i referred them to consult a deaddiction centre.

Plan for data analysis

The data analysis was planed according to the objectives and hypothesis of the study using descriptive and inferential statistics.

Descriptive statistics

Frequency and percentage, mean, standard deviation was planed for analyzing demographic data and alcohol habit data.

Inferential statistics

- Chi square was used to determine the association between demographic variable with the Severity of alcohol dependence questionnaire scale alcohol dependence score of the adult. Paired t test was used to determine the effectiveness of motivational package.

Protection of Human Rights

The researcher got permission from Principal, and research ethical committee of Nehru Nursing College. Oral consent from each study subject was obtained before starting the data collection .Assurance was given to the study subjects that anonymity of each individual would be maintained.

Summary

This chapter consisted of research design, variables in the study, settings, population, sample, sample size, sampling technique, criteria for selection of sample, development and description of tool, condent validity, pilot study, data collection procedure and plan for data analysis.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of data collected to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients. Descriptive and inferential statistics were used for analyzing the data on the basis of the objectives of the study.The data had been tabulated and organized as follows:

Organization of data

Section A

Description of demographic variables and alcohol practice among sample subjects.

Section B

Assessment of pre and post intervention score of alcohol dependence among sample subjects**.**

Section C

The association between the level of alcohol dependence and selected demographic variables of sample subjects. The association between alcohol dependence and variables of alcohol practice of sample subjects.

Section A

Table 1: Frequency distribution of demographic variables among male sample subjects.

n = 30

Sl.No	Demographic variables	Experimental Group	
		Frequency	Percentage
1	**Age**		
	20-30yrs	8	26.67%
	31-40yrs	16	53.33%
	41-50yrs	6	20%

2.	**Religion**		
	Hindu	8	26.67%
	Christian	22	73.33%
	Muslim	0	0.00%
3.	**Education**		
	Primary school	5	16.67%
	Higher secondary school	16	53.33%
	Degree	9	30%
4.	**Occupation status**		
	Coolie	10	33.33%
	Business	15	50.00%
	Unemployed	5	16.67%
5	**Income**		
	5000	12	40.00%
	5001 to 10,000	11	36.67%
	Above 10,000	7	23.33%
6.	**Family system**		
	Nuclear	17	56.67%
	Joint	13	43.33%
	None	0	0.00%
7.	**Marital status**		
	Married	20	66.67%
	Unmarried	10	33.33%

Data from Table 1 has revealed the following:

Regarding age, out of 30 samples, 16 (53.33%)of them were between the age group of 31-40 years. With respect to religion, out of 30 samples, 8 (26.67%)of them were Hindu and 22 (73.33%)of them, were Christian.

With respect to education, out of 30 samples, 16(53.33%)of them had completed higher secondary level and 9(30%)of them were graduates.

With respect to income, out of 30 samples, 12(40%)of them had income up to 5000/-and 11(36.67%)of them had income between 5001-10,000.

With respect to occupation, out of 30 samples, 15(50%) of them were doing business and 10(33.3) were labourers.

With respect to marital status 20 (66.67%) of them were married, 10 (33.33%) were unmarried.

With respect to family system, out of 30 samples 17 (56.67%) were in nuclear family.

Table 2: Frequency distribution of alcohol practice among adult male subjects.

n=**30**

S.No	Alcohol Practice	Frequency	Percentage
1	**Family Member**		
	Father	11	36.67%
	Grand father	5	16.67%
	Uncle	6	20.00%
	Brother	8	26.66%
2	**Introduced by**		
	Relative	8	26.66%
	Brother	14	46.67%
	Friend	6	20.00%

	Parents	2	6.67%
3	**Duration**		
	2years	6	20.00%
	3years	7	23.33%
	5years	8	26.67%
	Above5years	9	30.00%
4	**Age at which started drinking**		
	16years	3	10.00%
	18years	5	16.67%
	20years	8	26.66%
	Above20years	14	46.67%
5	**Every day amount of alcohol intake**		
	180ml	14	46.67%
	360ml	9	30.00%
	500ml	7	23.33%
	Above 750ml	0	0.00%
6	**Situation which promoted drinking**		
	Peer pressure	15	50.00%
	Family problem	6	20.00%
	Financial problems	5	16.67%
	Routine practice	4	13.33%
7	**No of times in a week**		
	2-3 times	10	33.33%
	3-5 times	12	40.00%
	5-7 times	8	26.67%

Data from Table 2 has indicated the following.

- Regarding family member who takes alcohol, father of 11 sample subjects (36.67%) and brother of 8 sample subjects (26.67%) were consuming alcohol .
- 14 Sample subjects (46.67%) had reported that their own brother had introduced alcohol to them.

- 17 sample subjects (56.67%) had reported that the duration of alcohol practice was above 5 years.
- 22 (73.33%) sample subjects had reported that they started drinking alcohol at the age of 20 and above 20 years.
- 14 sample subjects (46.67%) had reported that they drink 180ml of alcohol every day.
- 15 sample subjects (50%) had reported that they started drinking due to Peer pressure .
- 10 sample subjects (33.33%) had reported that they drink alcohol 2-3 times a week and 8sample subjects (26.67%) of them for 5-7 times in a week .

Section B

Table 3: Pre-intervention level of alcohol dependence among the adult male sample subjects.

n=30

Level of alcohol dependence.	Frequency	Percentage
Severe alcohol dependence	0	0.00
Moderate alcohol dependence	30	100%
Mild alcohol dependence	0	0.00%

Table 3 and fig .2 shows that Sample subjects all the subjects (100%) belonged to moderate alcohol dependence level and no one had severe or mild dependency.

Table 4: Frequency distribution of post test level of alcohol dependence score among male subjects.

n=30

Level of alcohol dependence.	Frequency	Percentage
Severe alcohol dependence	0	0.00
Moderate alcohol dependence	13	43.33%
Mild alcohol dependence	17	56.67%
Total	30	100%

Table 4 and fig 2shows that post test level of alcohol dependence following the educational intervention, 17 sample subjects (56.67%) had reported Mild alcohol dependence from pretest level of moderate alcohol dependence. 17 subjects reported to have mild alcohol dependency level and 13 subjects remained in the moderate alcohol dependence level.

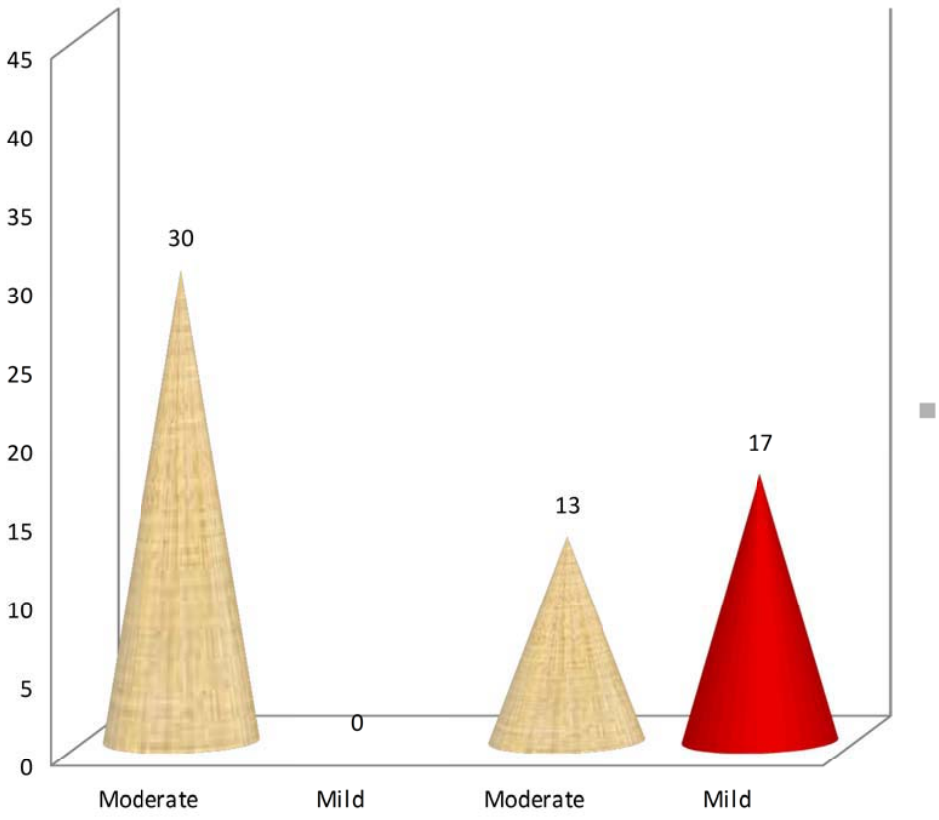


Fig 2: Frequency distribution of post test level of alcohol dependence score among male subjects.

Table 5: Pre and post intervention mean score of alcohol dependence among the male sample subjects.

N=30

Group	No of questions	Maximum score	Mean	SD
Pre test	20	0 – 60	24.033	2.69
Post test	20	0 – 60	15.36	1.84

Table.5 and fig.3 shows that Pre Intervention mean score for alcohol dependence was 24 out of maximum score of 60.

In post intervention phase, the mean score of sample subjects had decreased to 15.36 from 24. This had indicated that alcohol dependence had decreased after the motivational intervention.

Fig 3: Pre and post intervention mean score of alcohol dependence among the male sample subjects.

Table 6: Significance of pre and post test mean alcohol dependent score.

Alcohol dependence score	Pre test Mean SD	Post test Mean SD	Paired t' test	Table value
	24.033 ± 2.69	15.36 ± 1.84	14.23*	29df 2.042

***Significant at 0.05 level**

Table 6 shows that the pre test mean score was 24.033.The post test mean score was 15.36.The mean difference was high and the obtained t value 14.23 was statistically significant. That is "Motivation package" was effective in reducing alcohol dependence among adult male subjects.

SECTION C

Table 7: Association between post test alcohol dependence score of experimental group and selected variables.

n=30

Demographic Variables	Levelof dependence			x^2	5% level of significant
	Moderate	**Mild**	**Total**		
Age					
20-30 yrs	6	2	8		**2df**
31-40yrs	6	10	16	**5.23 N.S**	**5.99**
41 – 50 yrs	1	5	6		
Religion					
Hindu	2	6	8	1.49	1df
Christian	11	11	22	NS	3.84
Muslim	0	0	0		
Education					
Primary School	3	2	5	**0.97**	**2df**
Higher -Secondary	7	9	16	**NS**	**5.99**
Degree	3	6	9		
Family System					
Nuclear	7	10	17	**0.74**	**1df**
Joint	6	7	13	**N.S**	**3.84**
None	0	0	0		
Occupation status					
Coolie	6	4	10		**2df**
Business	3	12	15	**7.33 ***	**5.99**
Unemployed	4	1	5		
Income					
5000	5	7	12	**0.796**	**2df**
5000-10000	4	7	11	**N.S**	**5.99**
Above 10000	4	3	7		

Marital Status					
Married	9	11	20	**0.067**	**1df**
Unmarried	4	6	10	**N.S**	**3.84**

***Significant at 0.05 level** NS: Not significant

There was no association between the alcohol dependence and selected demographic variables like age, religion, education, family system, income, marital status. There was significant association between alcohol dependence and occupational status.

Table 8: Association between post test alcohol dependence score and alcohol practice variables.

n=30

S.No	Variable	Level of dependence			x^2	Table Value
		Moderate	Mild	Total		
1.	**Family Member**					
	Father	5	6	11		
	Grand father	3	2	5	0.95	3df
	Uncle	2	4	6	NS	7.82
	Brother	3	5	8		
2.	**Introduced by**					
	Relative	4	4	8		
	Brother	6	8	14	2.93	3df
	Friend	2	4	6	NS	7.82
	Parents	1	1	2		
3.	**Duration**					
	2years	3	3	6		
	3years	3	4	7	1.849	
	5years	2	6	8	NS	3df
	Above 5years	5	4	9		7.82
4.	**Age at which started drinking**					
	16years	0	3	3		
	18years	2	3	5	3.642	3df
	20years	4	4	8	NS	7.82
	Above20years	7	7	14		
5.	**Amount of alcohol intake/day**					
	180ml	9	5	14		
	360ml	2	7	9	4.88	2df

	500ml	2	5	7	NS	5.99
	Above 750ml	0	0	0		
6.	**Situation which promoted drinking**					
	Peer pressure	6	9	15		
	Family problem	4	2	6	4.508	3df
	Financial problems	3	2	5	NS	7.82
	Routine practice	0	4	4		
7.	**No of times in a week**					
	2-3 times	4	6	10		
	3-5 times	6	6	12	0.893	2df
	5-7 times	3	5	8	NS	5.99

NS : Not significant

There was no association between the alcohol dependence and all the selected variables of alcoholism.

CHAPTER V

DISCUSSION

The discussion chapter deals with the sample characteristics and objectives of the study. The aim of the present study was to assess the effectiveness of motivational

package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district.

OBJECTIVE 1

To assess the pre-intervention level of alcohol dependency among the adult male client.

In the pre interventional level of alcohol dependency among the adult male is 100% of samples have moderate alcohol dependence and no one had severe and mild dependency. The sample size is 30.

The above result was supported by the study of an article presented the incidence and prevalence of alcoholism in the global population in 2002, that about 13.8 million Americans were alcohol dependents. In that general population, about 20% were suicide victims. It was reported that almost three times as many men (9.8 million) as women (3.9 million) are alcoholics and prevalence was highest for both sexes in the 18 to 29 age group. According to drunk driving statistics, an estimated 17,419 people died in the year 2002. One by third of alcoholism deaths were from suicides or accidents such as drowning, head injuries from falling or car crashes. It was believed that140 million people addicted to alcohol globally.

OBJECTIVE 2

To assess the post intervention level of alcohol dependency among the adult male client.

In the post interventional assessment of alcohol dependence 43.33% of adults were moderate alcohol dependence and 56.67% of adults mild alcohol dependence.

This study is consistent with the study of Sellman, Patrick F. Sullivan et al. (2011)A Randomized Controlled Trial of Motivational package (MP) Mild to Moderate Alcohol Dependence. This study was designed to conduct a randomized controlled trial of motivational package with two control conditions: nondirective reflective listening (NDRL) and no further counseling (NFC); and to conduct this study in a sample of patients with a primary diagnosis of mild to moderate alcohol dependence, in a “real-life” clinical setting. Patients with mild to moderate alcohol dependence were

recruited, assessed and treated at the Community Alcohol and Drug Service of Christchurch, New Zealand. All patients received a feedback/education session before randomization to either four sessions of MP, four sessions of NDRL, or NFC. Outcome data on 122 subjects (57.4% men) were obtained 6 months following the end of treatment, by an interviewer who was blind to the treatment condition. The primary drinking outcome was unequivocal heavy drinking, defined as drinking 10 or more standard drinks, six or more times in the follow-up period. Global assessment scale (GAS) measured general personal/social functioning. Patients treated with MP, 42.9% showed unequivocal heavy drinking compared with 62.5% of the NDRL and 65.0% of the NFC groups ($p = .04$). No significant differences were found for GAS score according to treatment condition.

OBJECTIVE 3

To assess the effectiveness of Motivational Package among the alcohol dependent clients in reduction of alcohol dependency.

In post intervention phase, the mean score of sample subjects had decreased to 15.36 from 24. This had indicated that alcohol dependence had decreased after the motivational intervention.

The above result was supported by study on to promote motivational enhancement therapy (MET**).** Motivational Enhancement Therapy (MET) is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their alcohol use. William R miller (2002).400 alcohol dependence client were selected and given questionarie. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. This study highlighted some of the potential benefits of using motivational enhancement therapy (MET). Result showed that, 350 clients nearly 87.5% had motivated by motivational enhancement therapy (MET) had some additional benefit such as improving self concept and behaviour. The study concluded that motivational enhancement therapy (MET) was helpful for alcohol dependence with some disabilities or who may likely to encounter drinking problems similarly.

OBJECTIVE 4

To associate the level of alcohol dependency with selected demographic variables and alcohol practice variables.

There was no association between the alcohol dependence and selected demographic variables like age, religion, education family system, income, marital status. There was association between alcohol dependence and occupational status. While analyzing the statistical significance at ($P<0.05$) level it shows that there was no significant association.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATIONS .

Summary of the study

The aim of the study is to evaluate the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district. The design used for the present study was experimental research design with one group pre test, post test design. The conceptual frame work was based on Peplau's interpersonal theory model. All the 30 sample selected has provided with sessions for "motivational package". The sample was selected by purposive sampling technique. Pre test level of alcohol dependency was assessed by (SADQ)severity of alcohol dependence questionnaire, followed by provision of knowledge regarding ill effects of alcohol. Then motivational package sessions were conducted for the alcohol dependant adults. The motivational package was divided into six sessions and each house has been visited 6 days by researcher. The post test was conducted during the fourth week of data collection.

Major findings of the study

Regarding age, out of 30 samples, 16 (53.33%) of them were between the age group of 31-40 years. With respect to religion, out of 30 samples, 8 (26.67%) of them were Hindu and 22 (73.33%) of them, were Christian.

- With respect to education, out of 30 samples, 16 (53.33%) of them had completed higher secondary level and 9 (30%) of them were graduates.
- With respect to income, out of 30 samples, 12 (40%) of them had income up to 5000/-and 11 (36.67%) of them had income between 5001-10,000.
- With respect to occupation, out of 30 samples, 15 (50%) of them were doing business and 10 (33.3) were labourers.
- With respect to marital status 20 (66.67%) of them were married, 10 (33.33%) were unmarried.
- With respect to family system, out of 30 samples 17 (56.67%) were in nuclear family. Regarding family member who takes alcohol, 11 sample subjects (36.67%) father and 8 sample subjects (26.67%) brother were consuming alcohol
- 14 Sample subjects (46.67%) had reported that their own brother had introduced alcohol to them.
- 17 sample subjects (56.67%) had reported that the duration of alcohol practice was above 5 years.
- 22 (73.33%) sample subjects had reported that they started drinking alcohol at the age of 20 and above 20 years.

- 14 sample subjects (46.675%) had reported that they drink 180ml of alcohol every day.
- 15 sample subjects (50%) had reported that they started drinking due to Peer pressure .
- 10 sample subjects (33.33%) had reported that they drink alcohol 2-3 times a week and 8sample subjects (26.67%) of them for 5-7 times in a week .
- All the samples had (100%) moderate alcohol dependence and no one had severe and mild dependency
- After educational intervention, 17 sample subjects (56.67%) had reported Mild alcohol dependence group and 13 samples remind in the moderate alcohol dependence group it self.
- Pre Intervention mean score for alcohol dependence was 24 out of maximum score of 60.In post intervention phase, the mean score of sample subjects had decreased to 15.36 from 24. This indicated that alcohol dependence had decreased after the motivational intervention.
- The pre test mean score was 24.The post test mean score was 15.36.The mean difference was high and the obtained t value 14.23 was statistically significant. That is "Motivation package" was effective in reducing alcohol dependence among adult male subjects.
- There was no association between the alcohol dependence and selected demographic variables like age, religion, education, family system, income, marital status. There was association between alcohol dependence and occupational status. There was no association between the alcohol dependence and all the selected variables of alcoholism.

Conclusion

The findings of the study revealed in the pre interventional level of alcohol dependency among the adult male is 100% of samples have moderate alcohol dependence and no one had severe and mild dependency.

In the post interventional assessment of alcohol dependence 43.33% of adults were moderate alcohol dependence and 56.67% of adults mild alcohol dependence .

The study conclusion was, "Motivational Package" was effective in reducing alcohol dependence among adult male subjects.

Implications

The findings of the study have certain important implication for nursing education, administration and nursing research.

Nursing implications

1. As a member of health care profession we must identify the psychiatric problem and mood changes that occurs among alcohol dependent.
2. Nurses are accountable in providing quality patient care for all age group and this can be achieved only if nurses take keen interest in identifying the techniques for abstinence from alcohol.
3. The findings of the study would help nurses in planning, organizing and implementing psycho social therapies for people who were dependent to alcohol.
4. Special training programs can be arranged in hospital regarding management of alcohol dependents and nurses can utilizes this knowledge while taking care of the adults who were alcohol dependent.

Nursing education

1. The findings could serve as a guideline for the nurse educators to plan inservice education program or various aspects ,nature,factors and methods to reduce alcohol dependence through "motivational package".
2. This study findings help the Nurse educators to update their knowledge and ability to identify the presence of psychiatric problems to reduce the alcohol dependents.

Nursing administration

1. Nurse administrators can inculcate to staff and subordinates through inservice education on recent technology and treatment modalities on alcohol dependents.

2. Nurse administrator can conduct ward rounds and teach nursing students regarding the psychiatric problems that occurs in alcohol depemdents.
3. The findings could be utilized by the nurse administrators in updating knowledge and identifying alcohol dependents and the Motivational package to reduce alcohol dependency.

Nursing research

1. Strategies can be formulated in educating and counseling the family members about the prevalence of alcohol dependents.
2. Findings of this study will provide baseline data for the future researcher to build upon.

Recommendation

1. A similar study can be replicated on large samples there by findings can be generalized.
2. The study can be conducted to determine the prevalence of specific psychiatric illness among alcohol dependents.
3. Studies can be done in large samples regarding Prevalence and health problems related to alcoholism and frequency of alcohol use.

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APPENDIX-I

Copy of Letter Seeking Permission to Conduct Research Study

From

Miss. B.V. Femil Jane
II year M.Sc.,[N],
Nehru Nursing College,
Vallioor.

To

The President,

Aathikaatu villai panchayat,
Kanniya kumari District.

Through,

The Principal,
Nehru Nursing College,
Vallioor.

Respected Sir,

Sub: Request for permission to conduct Research study.

As a part of my Msc(nursing) requirement under The Tamil Nadu Dr.MGR Medical University, Chennai. I wish to conduct a study on **"A study to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district.**

I am hereby seeking your consent to do my research study in your community area, for which I would be ever gratetful to you .I assure you that I will follow the community policies during the research study.

Thanking you

Date:
Place: Vallioor

Your faithfully,

B.V.Femil Jane

APPENDIX - II

Letter to Experts to Validate the tool

From,

Miss.B.V.Femil Jane

II year M.Sc., [N],

Nehru Nursing College,

Vallioor.

Through,

The Pricipal,

Nehru Nursing College,

Vallioor.

To

Respected Madam/Sir,

Sub: Requesting opinion and suggestion of expert for establishing Content validity of Research tool.

I would like to bring to your kind consideration that as a part of my M.Sc.,[N] II year curriculum, I have selected the below mentioned topic for dissertation to be submitted to the Tamil Nadu Dr. MGR Medical University, Chennai as a partial fulfillment of the degree of Master Science in Nursing. My Research topic is "**A Study to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district.**

With regard I kindly request you to validate my tool for its appropriateness and relevancy. I am enclosing introduction, need for the study, statement of the problem, objectives, demographic variables, questionnaire. I would be highly obliged and remain thankful for great help if you validate and suggest your opinion.

Thaking you.

Place: Yours faithfully,

Miss.B.V. Femil Jane

APPENDIX-III

List of Experts to Validate the Tool

1. **Dr.J.Alexon Devasagayam,MD.,D.P.M,**
   Psychiatrist,
   Alexon Nursing Home &Deaddiction Centre,
   Nagercoil.

2. **Mr.S.Mathias Selva raj ,M.Sc(phy),M.A,M.A,M.Sc(psy),M.Phil.,**
   General Counsellor,

Marshal Educational &Charitable .(Reg),
Nagercoil.

3. **Mrs.Femila,M.Sc(N),**
   Christian College of Nursing,
   Neyyoor.

4. **Mrs.Jega Juliet,M.Sc(N),**
   Christian College of Nursing,
   Neyyoor.

5. **Mrs.Mary Jeya, M.Sc(N),**
   Vice Principal,
   Kumara Swamy College of Nursing.
   Kottaram

APPENDIX-IV

From

Miss. B.V. Femil Jane
II year M.Sc.,[N],
Nehru Nursing College,
Vallioor.

To

The President,
Aathikaatu villai panchayat,
Kanniya kumari District.

Through,

The Principal,
Nehru Nursing College,
Vallioor.

Respected Sir,

Sub: Request for permission to conduct Research study.

As a part of my Msc(nursing) requirement under The Tamil Nadu Dr.MGR Medical University, Chennai. I wish to conduct a study on"A study to assess the effectiveness of motivational package for reduction of alcohol dependency among alcohol dependent clients in a selected area in Kanyakumari district.

I am hereby seeking your consent to do my research study in your community area, for which I would be ever gratetful to you .I assure you that I will follow the community policies during the research study.

Thanking you

Date:
Place:

Your sincerely,

B.V.Femil Jane

SECTION –A
Demographic Variables

1. Age
   a) 20-30
   b) 30-40
   c) 40-50

2. Religion
   a) Hindu
   b) Christian
   c) Muslim

3. Education
   a) Primary School
   b) Higher Secondary School
   c) Degree

4. Occupation Status
    a) Coolie
    b) Business
    c) Un employee

5. Income
    a) 5000
    b) 10,000
    c) Above 10,000

6. Family System
    a) Nuclear
    b) Joint
    c) None
7. Marital Status
    a) Married
    b) Unmarried

8. Drinking habit
    a) 5years – 10 Years
    b) 10Years - 12 Years
    c) Above 12 years

SECTION B

HABIT OF ALCOHOLISM

1. History of Alcoholism in the family
    a) Father
    b) Grand Father
    c) Uncle
    d) Brother
2. Who introduced Alcohol to you
    a) Relative
    b) Brother
    c) Friend
    d) Parents
3. Duration of drinking Alcohol
    a) 2 Years
    b) 3 Years
    c) 5 Years
    d) Above 5 years
4. When you started drinking
    a) At the age of 16.
    b) At the age of 18
    c) At the age of 20

d) Above 20 Years

5. How much alcohol do you consume everyday
   a) 180ml
   b) 360ml
   c) 500ml
   d) Above 750ml
6. Which situation induces you to drink
   a) Peer Pressure
   b) Family Problems
   c) Financial Problems
   d) Routine / others
7. How many times in a week you used to take alcohol
   a) 2-3 times
   b) 3-5 times
   c) 5-7 times
   d) Above 7 times

`

SEVERITY OF ALCOHOL DEPENDENCE QUESTIOMAIRE(SADQ-C)

NAME :_____ AGE: _____NO: _____

DATE:

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month:……..Year:…….....

Please answer all the following questions about your drinking by circling your most appropriate response.

During that period of heavy drinking

1.The day after drinking alcohol,I woke up feeling sweaty.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

2. The day after drinking alcohol, my hands shook first thing in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

3. The day after drinking alcohol,my whole body shook violently first thing in the morning if

I didn’t have a drink.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

4. The day after drinking alcohol,I woke up absolutely drenched in sweat.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

5. The day after drinking alcohol,I dread waking up in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

6. The day after drinking alcohol,I was frightened of meeting people first thing in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

7. The day after drinking alcohol,I felt at the edge of despair when I awoke.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

8. The day after drinking alcohol,I felt very frightened when I awoke.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

9. The day after drinking alcohol,I like to have an alcoholic drink in the morning.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

10. The day after drinking alcohol ,I always gulped my first few alcoholic drinks down as quickly as possible.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

11. The day after drinking alcohol ,I drank more alcohol to get rid of the shakes.

ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

12. The day after drinking alcohol, I had a very strong craving for a drink when I awoke.

ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS

13.I drank more than a quarter of a bottle of spirits in a day(OR 1 bottle of wine OR 7 beers).

ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS

14 I drank more than half a bottle of spirits per day(OR 2 bottles of wine OR 15 beers).

ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS

15. I drank more than one bottle of spirits per day(OR 4 bottle of wine OR 30 beers).

ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS

16. I drank more than two bottles of spirits per day(OR 8 bottle of wine OR 60 beers).

ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS

Imagine the following situation:

1.You have been completely off drinks for a few weeks

2.You then drink very heavily for two days

How would you feel the morning after those two days of drinking?

17.I would start to sweat.

NOT AT ALL SLIGHTLY MODERATELY QUITE A LOT

18.My hands would shake.

NOT AT ALL SLIGHTLY MODERATELY QUITE A LOT

19.My body would shake.

NOT AT ALL SLIGHTLY MODERATELY QUITE A LOT

20.I would be craving for a drink.

NOT AT ALL SLIGHTLY MODERATELY QUITE A LOT

SCORE

CHECKED BY:

ALCOHOL DETOX PRESCRIBED: YES/NO

NOTES ON THE USE OF THE SADQ

The Severity of Alcohol Dependence Questionnaire was developed by the Addiction Research Unit at the MaudsleyHospital.It is a measure of the severity of dependence.The AUDIT questionnaires,bycontrast,is used to assess whether or not there is a problem with dependence.

The SADQ questions cover the following aspects of dependency syndrome:

- Physical withdrawal symptoms
- Affective withdrawal symptoms
- Relief drinking
- Frequency of alcohol consumption
- Speed of onset of withdrawal symptoms.

Scoring

Answers to each question are rated on a four-point scale:

Almost never-0

Sometimes 1

Often 2

Nearly always 3

A scope of 31 or higher indicates"severe alcohol dependence".

A score of 16-30 indicates "moderate dependence

A score of below 16 usually indicates only a mild physical dependency.

A chlordiazepoxide detoxification regime is usually indicated for someone who scores 16 or over.

It essential to take account of the amount of alcohol that the patient reports drinking prior to admission as well as the result of the SADQ.

There is no correlation between the SADQ and such parameters as the MCV or GGT.

கிழேஉள்ளகேள்விகளுக்குவிடையளிக்கவும்

பகுதி-அ

1.வயது

அ)20-30
ஆ)30-40
இ)40-50

2.சமயம்

அ)இந்து

ஆ)கிறிஸ்தவம்
இ)இஸ்லாம்

3.கல்வி

அ)ஆரம்பக்கல்வி
ஆ)மேல்நிலைக்கல்வி
இ)பட்டப்படிப்பு

4.வசிப்பிடம்

அ)கிராமம்
ஆ)நகரம்

இ)பாதிநகரம்

5.குடும்பநிலை

அ)தனிக்குடித்தனம்

ஆ)கூட்டுகுடித்தனம்

6.தொழில்நிலை

அ)வணிகம்
ஆ)வேலைஇல்லாதவர்

7.வருமானம்

அ)ரூ.2000 க்குமேல்

ஆ)ரூ.2000-8000

இ)ரூ.8000 க்குமேல்

8.திருமணஅந்தஸ்து

அ)திருமணம்ஆனவர்
ஆ)திருமணம்ஆகாதவர்

பகுதி-ஆ

1.குடும்பத்தில்மதுபயன்படுத்துபவர்

அ)தாத்தா
ஆ)தந்தை
இ)மாமா

ஈ)சகோதரன்

2.மதுவைஉங்களுக்குஅறிமுகப்படுத்தியதுயார்?

அ)உறவினர்

ஆ)சகோதரர்

இ)நண்பர்

ஈ)பெற்றோர்

3.நீங்கள்எப்போதுமதுஅருந்ததொடங்கினீர்கள்.....

4.ஒருநாளைக்குஎவ்வளவுமதுஅருந்துவீர்கள்

அ)180 மி.லி

ஆ)360 மி.லி

இ)500 மி.லி

ஈ)750 மி.லிக்குமேல்

5.மதுவைபயன்படுத்திவருகிறகாலம்

அ)1 வருடத்திற்குமேல்

ஆ)1-3 வருடங்கள்

இ)3-5 வருடங்கள்

ஈ)5-8 வருடங்கள்

6.எந்தசூழ்நிலைஉங்களைமதுஅருந்ததூண்டுகிறது

அ)சகாக்கள்அழுத்தம்

ஆ)குடும்பபிரச்சனைகள்

இ)பணபிரச்சனைகள்

ஈ)அன்றாடம்/வேறுகாரணங்கள்

7.நீங்கள்வாரம்எத்தனைமுறைமதுஅருந்துகிறீர்கள்

அ)1-2 முறை

ஆ)3-5 முறை

இ)6-7 முறை

ஈ)8-10 முறை

8.நீங்கள்எப்போதுமதுஅருந்துகிறீர்கள்?

அ)இரவுநேரம்

ஆ)பகல்நேரம்

இ) பகல்மற்றும்இரவுநேரம்

வ. எண்	கேள்விகள்	ஒருபோதும் இல்லை	சில வேளைகளில்	அடிக்கடி	எப்போதும்
1	மது அருந்திய மறுநாள் மிகஅதிக வியர்வையுடன் விழித்தெழுந்தேன்.				
2	மதுஅருந்திய மறுதினம் காலை எழுந்தவுடன் என்கைகள் நடுங்கின.				
3	மதுஅருந்திய அடுத்தநாள் மீண்டும் குடிக்காவிட்டால் என்முழுஉடல் பயங்கரமாக நடுங்கியது.				
4	மதுஅருந்திய அடுத்ததினம் விழ்க்கையில்தெப்பமாக வியர்வையில் நனைந்திருந்தேன்.				
5	மதுஅருந்திய மறுநாள்காலை எழுவதற்கு பயந்தேன்.				
6	மதுஅருந்திய அடுத்தநாள்காலை முதல் முதலில் மக்களைசந்திக்க பயந்தேன்.				
7	மதுஅருந்திய மறுநாள்எழும்புகையில் நம்பிக்கையின்மையின் எல்லையில் இருப்பதாக உணர்ந்தேன்.				
8	மதுஅருந்திய மறுதினம் எழுந்ததும் மிகவும் பயப்படுவது போல் உணர்ந்தேன்.				
9	மதுஅருந்திய அடுத்ததினம்மீண்டும் காலையில்அருந்த விரும்பினேன்.				
10	மதுஅருந்திய மறுநாள் எப்போதும் முதல் சில மதுபானகுவளைகளை மடமடவென்று வேகமாக குடித்தேன் .				
11	மதுஅருந்திய அடுத்ததினம் நடுக்கத்தை தவிர்க்க அதிகமாக மது அருந்தினேன்.				
12	மதுஅருந்திய மறுதினம் எழும்பியதும்				

	குடிக்கவேண்டும் என்ற தீராத வேட்கை கொண்டேன்.				
13	ஒருநாள்கால் பாட்டில் சாராயம் அல்லது ஒருபாட்டில் திராட்சைமது அல்லது ஏழுகுவளைகளுக்குமேல்பீர் அருந்தினேன்.				
14	ஒருநாளில்அரைபாட்டிலுக்குமேல்சாராயம் அல்லது திராட்சைமது அல்லது 15 குவளைகளுக்கு மேல்பீர் அருந்தினேன்.				
15	ஒருநாளைக்கு இரண்டு பாட்டிலுக்கு மேல் சாராயம் எட்டுபாட்டிலுக்கு மேல் திராட்சைமது அல்லது 60 குவளைகள் பீர் அருந்தினேன்				
16	kJ mUe;jpa mLj;j jpdk; eLf;fj;ij jtph;f;f mjpfkhf kJ mUe;jpNdd;.				

fPo;fz;l #o;epiyia fw;gid nra;Aq;fs;

m. xU rpy thuq;fSf;F KOtJk; kJ mUe;Jtij jtph;j;jpUf;fpwPh;fs;

M. gpwF ,uz;L ehl;fSf;F kpf mjpfkhf Fbf;fpwPh;fs;. mjpfkhf kJ Fbj;j me;j ,uz;L ehl;fSf;F gpd; tUk; ehs; fhiyapy; ePq;fs; vg;gb czh;tPh;fs;?

t. vz;	Nfs;tpfs;	xUNghJk; , y;iy	kpf Fiwthf	kpjkhf	mjpfkhf
17	vdf;F tpah;f;f Jtq;Fk;				
18	vd; iffs; eLq;fk;				
19	cly; KOtJk; eLq;Fk;				
20	kJTf;fhf ehd; Vq;fp Jbg;Ngd;.				

kjpg;ngz;: